A LOCAL HEALTH PLAN FOR SOUTHEAST TEXAS

Open Enrollment is from November 1, 2025 through January 15, 2026

Better Care, Brighter You

CommunityHealthChoice.org

COMMUNITY HEALTH CHOICE

WHO IS COMMUNITY HEALTH CHOICE?

Community Health Choice is a local, non-profit health plan that exists to make sure people have health insurance coverage so they can get the care they need.

We've been offering Health Insurance Marketplace plans since they were introduced in **2014.**

We've grown our plans and our service from the very beginning.

WHY PICK COMMUNITY?

1. **Network** – Community Health Choice plans connect Members with one of the largest network of doctors and hospitals in Southeast Texas.

2. **Select & Ultra Select Plans- Limited & Ultra Limited Network** – Community offers Select and Ultra Select Plans that have a smaller network of high-quality providers that allows us to pass the cost savings to the consumer in the form of lower premiums and out-of-pocket costs. These Select and Ultra Select Plans provide a way to contain costs without sacrificing the quality of care our participating providers give. The Select and Ultra Select Plans are only available to Harris County residents.

3. **Telehealth** – Telehealth lets Members access healthcare services remotely and manage their health care using digital information and communication technologies such as computers, tablets, and mobile devices. Most Community Members have 24/7/365 access to quality medical care via video and telephone consultations right from the privacy of their own homes. Best of all, there's no copay.

4. **Low copays for most services** – Community provides easy-to-understand plans with low copays for most services, including primary care, basic laboratory and X-ray services, and generic prescriptions. This gives Members peace of mind knowing they can predict out-of-pocket costs.

5. **No-deductible plan** – With no deductible and copays for almost all services, the Community Premier Gold 001 plan and Community Ultra Select Gold 001 plan gives Members a clear understanding of out-of-pocket costs.

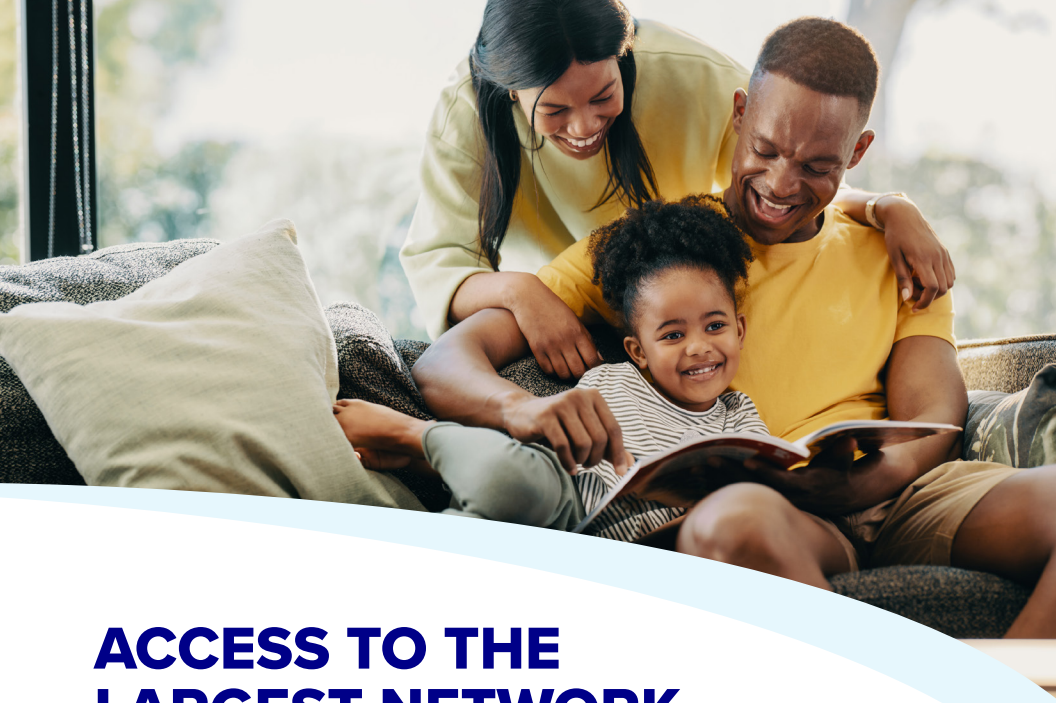
6. **Services never subject to a deductible** – To ensure Members get the care they need, in most cases, primary care Providers, preventive care, urgent care, and generic prescriptions are not subject to a deductible with Community's plans. Members pay a copay only for these services.

7. **No referral needed to see a specialist** – Community provides access to our wide network of specialty Providers without requiring Members to get a referral from their primary care Provider. To help manage costs, Members should always make sure their Provider and specialist participate in Community's network.

THE NETWORK SOUTHEAST TEXAS NEEDS

Community Marketplace's service area includes the following counties: Austin, Brazoria, Chambers, Galveston, Fort Bend, Hardin, Harris, Jasper, Jefferson, Liberty, Matagorda, Montgomery, Newton, Orange, Polk, San Jacinto, Tyler, Walker, Waller, and Wharton.

Plan Service Area



ACCESS TO THE LARGEST NETWORK

Our Premier Marketplace plans include access to the largest provider network. We've created a network of trusted Providers including over 100 hospitals across 20 counties in Southeast Texas. *Select and Ultra Select options provide smaller, cost-saving networks.*

YOUR CHOICE, YOUR COVERAGE

Community Health Choice Marketplace coverage offers **22** plan options. We make it simple with three levels of coverage – Bronze, Silver, and Gold. Each tier gives you a different balance between what you pay each month and what you pay when you need care, so you can choose the plan that fits you best.

Bronze Plans

Lowest premium costs
Higher out-of-pocket costs when you receive care

Silver Plans

Higher premium costs than Bronze plans
Lower out-of-pocket costs than Bronze plans

Gold Plans

Higher premium costs than Silver plans
Lower out-of-pocket costs than Silver plans

FIND THE PLAN THAT FITS: SELECT, ULTRA SELECT AND PREMIER

SELECT PLAN	ULTRA SELECT PLAN	PREMIER PLANS
■ Low copays for most services (most plans)	■ Low copays for most services (most plans)	■ Low copays for most services (most plans)
■ Primary Care visits, specialist visits, urgent care visits, and generic drugs not subject to deductible (most plans)	■ Primary Care visits, specialist visits, urgent care visits, and generic drugs not subject to deductible (most plans)	■ Primary Care visits, specialist visits, urgent care visits, and generic drugs not subject to deductible (most plans)
■ Preventative Services	■ Preventative Services	■ Preventative Services
■ Free 24/7 telehealth	■ Free 24/7 telehealth	■ Free 24/7 telehealth
■ No referrals for specialist	■ No referrals for specialist	■ No referrals for specialist
■ High-quality network of Providers	■ High-quality network of Providers	■ High-quality network of Providers
■ Four-star enrollee experience with excellent customer service	■ Four-star enrollee experience with excellent customer service	■ Four-star enrollee experience with excellent customer service
■ Easy approval of care for variety of benefits	■ Easy approval of care for variety of benefits	■ Easy approval of care for variety of benefits
■ Bronze Plan only available to Harris County Residents. ■ Silver and Gold Plan available to Harris and Fort Bend County Residents.	■ Only available to Harris County Residents	■ Available to all 20 counties

You'll find out if you qualify for those savings when you fill out a marketplace insurance application.

Premier Bronze Plan 003

HIGHER OUT-OF-POCKET COST FOR SERVICES

Important Features of Premier Bronze 003 Plan:

1. PCP, urgent care, and generic drugs are available before deductible
2. Telehealth services available
3. Referrals not required to see specialists
4. Preventive care is available at no cost

Things to Keep in Mind:

1. Out-of-network services are not covered under this plan
2. Prior Authorization/Step Therapy requirements apply to some medical and pharmacy benefits

Medical Deductible (Individual)	$8,500
Maximum Out-of-Pocket (Individual)	$10,600
Primary Care Physician Office Visit	$40*
Specialist Office Visit	$70
Urgent Care Services	$70*
Emergency Room Services	40%
Inpatient Hospital Care	40%
Prescription Drug Deductible	Combined with Medical Deductible
Generic	$20*
Preferred Brand	$80
Non-Preferred Brand	$150
Specialty High-Cost Drugs	45%

*Services are exempt from deductible where indicated (PCP/Specialist/Urgent Care/ Generic Rx)

Select Bronze Plan 016

HIGHER OUT-OF-POCKET COST FOR SERVICES

Important Features of Select Bronze 016 Plan

1. PCP, urgent care, and generic drugs are available before deductible
2. Referrals not required to see specialists
3. Preventive care is available at no cost

Things to Keep in Mind:

1. Out-of-network services are not covered under this plan
2. Prior Authorization/Step Therapy requirements apply to some medical and pharmacy benefits
3. **Only available to Harris county residents**

Medical Deductible (Individual)	$9,800
Maximum Out-of-Pocket (Individual)	$10,600
Primary Care Physician Office Visit	$35*
Specialist Office Visit	$90
Urgent Care Services	$90*
Emergency Room Services	50%
Inpatient Hospital Care	50%
Prescription Drug Deductible	Combined with Medical Deductible
Generic	$30*
Preferred Brand	$60
Non-Preferred Brand	$130
Specialty High-Cost Drugs	50%

*Services are exempt from deductible where indicated (PCP/Specialist/Urgent Care/ Generic Rx)

Premier Bronze Plan 018

HIGHER OUT-OF-POCKET COST FOR SERVICES

Important Features of Premier Bronze 018 Plan:

1. PCP, Specialist, urgent care, and generic drugs are available before deductible
2. Telehealth services available
3. Referrals not required to see specialists
4. Preventive care is available at no cost

Things to Keep in Mind:

1. Out-of-network services are not covered under this plan
2. Prior Authorization/Step Therapy requirements apply to some medical and pharmacy benefits

Medical Deductible (Individual)	$7,500
Maximum Out-of-Pocket (Individual)	$10,000
Primary Care Physician Office Visit	$50*
Specialist Office Visit	$100*
Urgent Care Services	$75*
Emergency Room Services	50%
Inpatient Hospital Care	50%
Prescription Drug Deductible	Combined with Medical Deductible
Generic	$25*
Preferred Brand	$50
Non-Preferred Brand	$100
Specialty High-Cost Drugs	$500

*Services are exempt from deductible where indicated (PCP/Specialist/Urgent Care/ Generic Rx)

Ultra Select Bronze Plan 016

HIGHER OUT-OF-POCKET COST FOR SERVICES

Important Features of Ultra Select Bronze 016 Plan:

1. PCP, Specialist, urgent care, and generic drugs are available before deductible
2. Telehealth services available
3. Referrals not required to see specialists
4. Preventive care is available at no cost

Things to Keep in Mind:

1. Out-of-network services are not covered under this plan
2. Prior Authorization/Step Therapy requirements apply to some medical and pharmacy benefits
3. **Only available to Harris county residents**

Medical Deductible (Individual)	$9,800
Maximum Out-of-Pocket (Individual)	$10,600
Primary Care Physician Office Visit	$35*
Specialist Office Visit	$90
Urgent Care Services	$90*
Emergency Room Services	50%
Inpatient Hospital Care	50%
Prescription Drug Deductible	Combined with Medical Deductible
Generic	$30*
Preferred Brand	$60
Non-Preferred Brand	$130
Specialty High-Cost Drugs	50%

*Services are exempt from deductible where indicated (PCP/Specialist/Urgent Care/ Generic Rx)

Ultra Select Bronze Plan 018

HIGHER OUT-OF-POCKET COST FOR SERVICES

Important Features of Ultra Select Bronze 018 Plan:

1. PCP, Specialist, urgent care, and generic drugs are availablebefore deductible
2. Telehealth services available
3. Referrals not required to see specialists
4. Preventive care is available at no cost

Things to Keep in Mind:

1. Out-of-network services are not covered under this plan
2. Prior Authorization/Step Therapy requirements apply to some medical and pharmacy benefits
3. **Only available to Harris county residents**

Medical Deductible (Individual)	$7,500
Maximum Out-of-Pocket (Individual)	$10,000
Primary Care Physician Office Visit	$50*
Specialist Office Visit	$100*
Urgent Care Services	$75*
Emergency Room Services	50%
Inpatient Hospital Care	50%
Prescription Drug Deductible	Combined with Medical Deductible
Generic	$25*
Preferred Brand	$50
Non-Preferred Brand	$100
Specialty High-Cost Drugs	$500

*Services are exempt from deductible where indicated (PCP/Specialist/Urgent Care/ Generic Rx)

Premier Silver Plan 012

LOW TO MODERATE COST-SHARING

Important Features of Premier Silver 012 Plan:

1. PCP, urgent care, and generic drugs are not subject to deductible
2. Telehealth services available
3. Referrals not required to see specialists
4. Preventative care is available at no cost

Things to Keep in Mind:

1. Out-of-network services are not covered under this plan
2. Prior Authorization/Step Therapy requirements apply to some medical and pharmacy benefits

Medical Deductible (Individual)	$2,800
Maximum Out-of-Pocket (Individual)	$10,600
Primary Care Physician Office Visit	$30*
Specialist Office Visit	$60
Urgent Care Services	$60*
Emergency Room Services	50%
Inpatient Hospital Care	50%
Prescription Drug Deductible	Combined with Medical Deductible
Generic	$10*
Preferred Brand	$80
Non-Preferred Brand	$120
Specialty High-Cost Drugs	50%

*Services are exempt from deductible where indicated (PCP/Specialist/Urgent Care/ Generic Rx)

Premier Silver Plan 012 Off-Exchange

LOW TO MODERATE COST-SHARING

Important Features of Premier Silver 012 Off-Exchange Plan:

1. PCP, urgent care, and generic drugs are not subject to deductible
2. Telehealth services available
3. Referrals not required to see specialists
4. Preventative care is available at no cost

This plan is only available off-exchange.

Things to Keep in Mind:

1. Out-of-network services are not covered under this plan
2. Prior Authorization/Step Therapy requirements apply to some medical and pharmacy benefits

Medical Deductible (Individual)	$2,800
Maximum Out-of-Pocket (Individual)	$10,600
Primary Care Physician Office Visit	$30*
Specialist Office Visit	$60
Urgent Care Services	$60*
Emergency Room Services	50%
Inpatient Hospital Care	50%
Prescription Drug Deductible	Combined with Medical Deductible
Generic	$10*
Preferred Brand	$80
Non-Preferred Brand	$120
Specialty High-Cost Drugs	50%

*Services are exempt from deductible where indicated (PCP/Specialist/Urgent Care/ Generic Rx)

Select Silver Plan 019

LOW TO MODERATE COST-SHARING

Important Features of Select Silver 019 Plan:

1. PCP, specialists, urgent care, and generic drugs are not subject to deductible
2. Telehealth services available
3. Referrals not required to see specialists
4. Preventative care is available at no cost

Things to Keep in Mind:

1. Out-of-network services are not covered under this plan
2. Prior Authorization/Step Therapy requirements apply to some medical and pharmacy benefits
3. **Only available to Harris and Fort Bend county residents**

Medical Deductible (Individual)	$4,500
Maximum Out-of-Pocket (Individual)	$9,000
Primary Care Physician Office Visit	$30*
Specialist Office Visit	$80*
Urgent Care Services	$80*
Emergency Room Services	40%
Inpatient Hospital Care	40%
Prescription Drug Deductible	Combined with Medical Deductible
Generic	$15*
Preferred Brand	$45
Non-Preferred Brand	$100
Specialty High-Cost Drugs	50%

*Services are exempt from deductible where indicated (PCP/Urgent Care/Generic Rx)

Select Silver Plan 019 Off-Exchange

LOW TO MODERATE COST-SHARING

Important Features of Select Silver 019 Off-Exchange Plan:

1. PCP, specialists, urgent care, and generic drugs are not subject to deductible
2. Telehealth services available
3. Referrals not required to see specialists
4. Preventative care is available at no cost

This plan is only available off-exchange.

Things to Keep in Mind:

1. Out-of-network services are not covered under this plan
2. Prior Authorization/Step Therapy requirements apply to some medical and pharmacy benefits
3. **Only available to Harris and Fort Bend county residents**

Medical Deductible (Individual)	$4,500
Maximum Out-of-Pocket (Individual)	$9,000
Primary Care Physician Office Visit	$30*
Specialist Office Visit	$80*
Urgent Care Services	$80*
Emergency Room Services	40%
Inpatient Hospital Care	40%
Prescription Drug Deductible	Combined with Medical Deductible
Generic	$15*
Preferred Brand	$45
Non-Preferred Brand	$100
Specialty High-Cost Drugs	50%

*Services are exempt from deductible where indicated (PCP/Urgent Care/Generic Rx)

Premier Silver Plan 020

LOW TO MODERATE COST-SHARING

Important Features of Premier Silver 020 Plan:

1. PCP, specialists, urgent care, and generic drugs are not subject to deductible
2. Telehealth services available
3. Referrals not required to see specialists
4. Preventative care is available at no cost

Things to Keep in Mind:

1. Out-of-network services are not covered under this plan
2. Prior Authorization/Step Therapy requirements apply to some medical and pharmacy benefits

Medical Deductible (Individual)	$6,000
Maximum Out-of-Pocket (Individual)	$8,900
Primary Care Physician Office Visit	$40*
Specialist Office Visit	$80*
Urgent Care Services	$60*
Emergency Room Services	40%
Inpatient Hospital Care	40%
Prescription Drug Deductible	Combined with Medical Deductible
Generic	$20*
Preferred Brand	$40*
Non-Preferred Brand	$80
Specialty High-Cost Drugs	$350

*Services are exempt from deductible where indicated (PCP/Urgent Care/Generic Rx)

Premier Silver Plan 020 Off-Exchange

LOW TO MODERATE COST-SHARING

Important Features of Premier Silver 020 Off-Exchange Plan:

1. PCP, specialists, urgent care, and generic drugs are not subject to deductible
2. Telehealth services available
3. Referrals not required to see specialists
4. Preventative care is available at no cost

This plan is only available off-exchange.

Things to Keep in Mind:

1. Out-of-network services are not covered under this plan
2. Prior Authorization/Step Therapy requirements apply to some medical and pharmacy benefits

Medical Deductible (Individual)	$6,000
Maximum Out-of-Pocket (Individual)	$8,900
Primary Care Physician Office Visit	$40*
Specialist Office Visit	$80*
Urgent Care Services	$60*
Emergency Room Services	40%
Inpatient Hospital Care	40%
Prescription Drug Deductible	Combined with Medical Deductible
Generic	$20*
Preferred Brand	$40*
Non-Preferred Brand	$80
Specialty High-Cost Drugs	$350

*Services are exempt from deductible where indicated (PCP/Urgent Care/Generic Rx)

Ultra Select Silver Plan 019

LOW TO MODERATE COST-SHARING

Important Features of Ultra Select Silver 019 Plan:

1. PCP, specialists, urgent care, and generic drugs are not subject to deductible
2. Telehealth services available
3. Referrals not required to see specialists
4. Preventative care is available at no cost

Things to Keep in Mind:

1. Out-of-network services are not covered under this plan
2. Prior Authorization/Step Therapy requirements apply to some medical and pharmacy benefits
3. **Only available to Harris county residents**

Medical Deductible (Individual)	$4,500
Maximum Out-of-Pocket (Individual)	$9,000
Primary Care Physician Office Visit	$30*
Specialist Office Visit	$80*
Urgent Care Services	$80*
Emergency Room Services	40%
Inpatient Hospital Care	40%
Prescription Drug Deductible	Combined with Medical Deductible
Generic	$15*
Preferred Brand	$45
Non-Preferred Brand	$100
Specialty High-Cost Drugs	50%

*Services are exempt from deductible where indicated (PCP/Urgent Care/Generic Rx)

Ultra Select Silver Plan 019 Off-Exchange

LOW TO MODERATE COST-SHARING

Important Features of Ultra Select Silver 019 Off-Exchange Plan:

1. PCP, specialists, urgent care, and generic drugs are not subject to deductible
2. Telehealth services available
3. Referrals not required to see specialists
4. Preventative care is available at no cost

This plan is only available off-exchange.

Things to Keep in Mind:

1. Out-of-network services are not covered under this plan
2. Prior Authorization/Step Therapy requirements apply to some medical and pharmacy benefits
3. **Only available to Harris county residents**

Medical Deductible (Individual)	$4,500
Maximum Out-of-Pocket (Individual)	$9,000
Primary Care Physician Office Visit	$30*
Specialist Office Visit	$80*
Urgent Care Services	$80*
Emergency Room Services	40%
Inpatient Hospital Care	40%
Prescription Drug Deductible	Combined with Medical Deductible
Generic	$15*
Preferred Brand	$45
Non-Preferred Brand	$100
Specialty High-Cost Drugs	50%

*Services are exempt from deductible where indicated (PCP/Urgent Care/Generic Rx)

Ultra Select Silver Plan 020

LOW TO MODERATE COST-SHARING

Important Features of Ultra Select Silver 020 Plan:

1. PCP, specialists, urgent care, and generic drugs are not subject to deductible
2. Telehealth services available
3. Referrals not required to see specialists
4. Preventative care is available at no cost

Things to Keep in Mind:

1. Out-of-network services are not covered under this plan
2. Prior Authorization/Step Therapy requirements apply to some medical and pharmacy benefits
3. **Only available to Harris county residents**

Medical Deductible (Individual)	$6,000
Maximum Out-of-Pocket (Individual)	$8,900
Primary Care Physician Office Visit	$40*
Specialist Office Visit	$80*
Urgent Care Services	$60*
Emergency Room Services	40%
Inpatient Hospital Care	40%
Prescription Drug Deductible	Combined with Medical Deductible
Generic	$20*
Preferred Brand	$40*
Non-Preferred Brand	$80
Specialty High-Cost Drugs	$350

*Services are exempt from deductible where indicated (PCP/Urgent Care/Generic Rx)

Ultra Select Silver Plan 020 Off-Exchange

LOW TO MODERATE COST-SHARING

Important Features of Ultra Select Silver 020 Off-Exchange Plan:

1. PCP, specialists, urgent care, and generic drugs are not subject to deductible
2. Telehealth services available
3. Referrals not required to see specialists
4. Preventative care is available at no cost

This plan is only available off-exchange.

Things to Keep in Mind:

1. Out-of-network services are not covered under this plan
2. Prior Authorization/Step Therapy requirements apply to some medical and pharmacy benefits
3. **Only available to Harris county residents**

Medical Deductible (Individual)	$6,000
Maximum Out-of-Pocket (Individual)	$8,900
Primary Care Physician Office Visit	$40*
Specialist Office Visit	$80*
Urgent Care Services	$60*
Emergency Room Services	40%
Inpatient Hospital Care	40%
Prescription Drug Deductible	Combined with Medical Deductible
Generic	$20*
Preferred Brand	$40*
Non-Preferred Brand	$80
Specialty High-Cost Drugs	$350

*Services are exempt from deductible where indicated (PCP/Urgent Care/Generic Rx)

Premier Gold Plan 001 Off-Exchange

LOW TO MODERATE COST-SHARING

Important Features of Premier Gold 001 Off-Exchange Plan:

1. Telehealth services available
2. Referrals not required to see specialists
3. Preventive care is available at no cost
4. This plan does not have a medical or pharmacy deductible

This plan is only available off-exchange.

Things to Keep in Mind:

1. Out-of-network services are not covered under this plan
2. Prior Authorization/Step Therapy requirements apply to some medical and pharmacy benefits

Medical Deductible (Individual)	N/A
Maximum Out-of-Pocket (Individual)	$8,400
Primary Care Physician Office Visit	$30
Specialist Office Visit	$65
Urgent Care Services	$65
Emergency Room Services	$500
Inpatient Hospital Care	$800**
Prescription Drug Deductible	N/A
Generic	$25
Preferred Brand	$40
Non-Preferred Brand	$80
Specialty High-Cost Drugs	30%

*Services are exempt from deductible where indicated (PCP/Specialist/Urgent Care/Generic RX)
**Copay applies for first 5 days of admission for all inpatient services
For deductible plans: All coinsurance/copays apply after annual deductible has been met unless otherwise indicated.

Premier Gold Plan 005

LOW COST-SHARING

Important Features of Premier Gold 005 Plan:

1. PCP, specialist, urgent care, and generic drugs are not subject to deductible
2. Telehealth services available
3. Referrals not required to see specialists
4. Preventive care is available at no cost

Things to Keep in Mind:

1. Out-of-network services are not covered under this plan
2. Prior Authorization/Step Therapy requirements apply to some medical and pharmacy benefits

Medical Deductible (Individual)	$2,500
Maximum Out-of-Pocket (Individual)	$7,500
Primary Care Physician Office Visit	$20*
Specialist Office Visit	$40*
Urgent Care Services	$40*
Emergency Room Services	25%
Inpatient Hospital Care	25%
Prescription Drug Deductible	Combined with Medical Deductible
Generic	$10*
Preferred Brand	$50
Non-Preferred Brand	$75
Specialty High-Cost Drugs	35%

*Services are exempt from deductible where indicated (PCP/Specialist/Urgent Care/ Generic RX)

Premier Gold Plan 021

LOW COST-SHARING

Important Features of Premier Gold 021 Plan:

1. PCP, specialist, urgent care, and generic drugs are not subject to deductible
2. Telehealth services available
3. Referrals not required to see specialists
4. Preventive care is available at no cost

Things to Keep in Mind:

1. Out-of-network services are not covered under this plan
2. Prior Authorization/Step Therapy requirements apply to some medical and pharmacy benefits

Medical Deductible (Individual)	$2,000
Maximum Out-of-Pocket (Individual)	$8,200
Primary Care Physician Office Visit	$30*
Specialist Office Visit	$60*
Urgent Care Services	$45*
Emergency Room Services	25%
Inpatient Hospital Care	25%
Prescription Drug Deductible	Combined with Medical Deductible
Generic	$15*
Preferred Brand	$30*
Non-Preferred Brand	$60*
Specialty High-Cost Drugs	$250*

*Services are exempt from deductible where indicated (PCP/Specialist/Urgent Care/Generic RX). For deductible plans: All coinsurance/copays apply after annual deductible has been met unless otherwise indicated.

Select Gold Plan 022

LOW COST-SHARING

Important Features of Premier Gold 022 Plan:

1. PCP, specialist, urgent care, and generic drugs are not subject to deductible
2. Telehealth services available
3. Referrals not required to see specialists
4. Preventive care is available at no cost

Things to Keep in Mind:

1. Out-of-network services are not covered under this plan
2. Prior Authorization/Step Therapy requirements apply to some medical and pharmacy benefits
3. **Only available to Harris and Fort Bend county residents**

Medical Deductible (Individual)	$2,000
Maximum Out-of-Pocket (Individual)	$9,200
Primary Care Physician Office Visit	$15*
Specialist Office Visit	$30*
Urgent Care Services	$30*
Emergency Room Services	30%
Inpatient Hospital Care	30%
Prescription Drug Deductible	Combined with Medical Deductible
Generic	$10*
Preferred Brand	$50*
Non-Preferred Brand	$100
Specialty High-Cost Drugs	40%

*Services are exempt from deductible where indicated (PCP/Specialist/Urgent Care/Generic RX). For deductible plans: All coinsurance/copays apply after annual deductible has been met unless otherwise indicated.

Ultra Select Gold Plan 001 Off-Exchange

LOW TO MODERATE COST-SHARING

Important Features of Ultra Select Gold 001 Off-Exchange Plan:

1. Telehealth services available
2. Referrals not required to see specialists
3. Preventive care is available at no cost
4. This plan does not have a medical or pharmacy deductible

This plan is only available off-exchange.

Things to Keep in Mind:

1. Out-of-network services are not covered under this plan
2. Prior Authorization/Step Therapy requirements apply to some medical and pharmacy benefits
3. **Only available to Harris county residents**

Medical Deductible (Individual)	N/A
Maximum Out-of-Pocket (Individual)	$8,400
Primary Care Physician Office Visit	$30
Specialist Office Visit	$65
Urgent Care Services	$65
Emergency Room Services	$500
Inpatient Hospital Care	$800**
Prescription Drug Deductible	N/A
Generic	$25
Preferred Brand	$40
Non-Preferred Brand	$80
Specialty High-Cost Drugs	30%

**Copay applies for first 5 days of admission for all inpatient services
For deductible plans: All coinsurance/copays apply after annual deductible has been met unless otherwise indicated.

Ultra Select Gold Plan 021

LOW TO MODERATE COST-SHARING

Important Features of Ultra Select Gold 021 Plan:

1. Telehealth services available
2. Referrals not required to see specialists
3. Preventive care is available at no cost

Things to Keep in Mind:

1. Out-of-network services are not covered under this plan
2. Prior Authorization/Step Therapy requirements apply to some medical and pharmacy benefits
3. **Only available to Harris county residents**

Medical Deductible (Individual)	$2,000
Maximum Out-of-Pocket (Individual)	$8,200
Primary Care Physician Office Visit	$30*
Specialist Office Visit	$60*
Urgent Care Services	$45*
Emergency Room Services	25%
Inpatient Hospital Care	25%
Prescription Drug Deductible	Combined with Medical Deductible
Generic	$15*
Preferred Brand	$30*
Non-Preferred Brand	$60*
Specialty High-Cost Drugs	$250*

*Services are exempt from deductible where indicated (PCP/Specialist/Urgent Care/ Generic RX). For deductible plans: All coinsurance/copays apply after annual deductible has been met unless otherwise indicated.

Ultra Select Gold Plan 022

LOW TO MODERATE COST-SHARING

Important Features of Ultra Select Gold 022 Plan:

1. Telehealth services available
2. Referrals not required to see specialists
3. Preventive care is available at no cost

Things to Keep in Mind:

1. Out-of-network services are not covered under this plan
2. Prior Authorization/Step Therapy requirements apply to some medical and pharmacy benefits
3. **Only available to Harris county residents**

Medical Deductible (Individual)	$2,000
Maximum Out-of-Pocket (Individual)	$9,200
Primary Care Physician Office Visit	$15*
Specialist Office Visit	$30*
Urgent Care Services	$30*
Emergency Room Services	30%
Inpatient Hospital Care	30%
Prescription Drug Deductible	Combined with Medical Deductible
Generic	$10*
Preferred Brand	$50*
Non-Preferred Brand	$100
Specialty High-Cost Drugs	40%

*Services are exempt from deductible where indicated (PCP/Specialist/Urgent Care/ Generic RX). For deductible plans: All coinsurance/copays apply after annual deductible has been met unless otherwise indicated.

NOTES

NOTES

FIND OUT HOW YOU CAN GET COVERED IN 2026!

Visit **CommunityHealthChoice.org**

Call us at **713.295.6704** or toll-free at **1.855.315.5386**

Email us at **Marketplace@CommunityHealthChoice.org**

@CHCTexas

@CommunityHealthChoiceTX

@CommunityHealthChoiceTX

Better Care, Brighter You

CommunityHealthChoice.org

COMMUNITY HEALTH CHOICE

COMMUNITY CARES.